

Dental Plan



UnitedHealthcare is our provider for dental offerings for 2015. Your options include:

- Dental PPO, which allows you to select the provider of your choice
- Dental HMO, which provides in-network benefits only while having a copay schedule
- Dental EPO, which allows you to select the provider of your choice while having a copay schedule

Plan Features	UHC PPO		UHC HMO	UHC EPO
	In-Network	Out-of-Network	In-Network Only	In-Network & Out-of-Network
Calendar Year Deductibles				
Individual	\$50		\$0	\$50
Family	\$150		\$0	\$150
Maximum				
Calendar Year	\$1,000 per person		\$0	\$1,250/Dental Services \$1,500/ Orthodontic Services
Waiting Period	12-month waiting period for Major Services		No waiting period for Major Services	12-month waiting period for Orthodontic Services No waiting period for Major Services
Visits and Exams				
Office Visit	You pay 0%	You pay any charges in excess of Allowed Amount*	Office Visit: \$5	Copays vary by service according to Patient Charge Schedule*
Oral Exam			Oral Exam: \$0	
X-rays			X-rays: \$0	
Basic Services				
Fillings	You pay 20%	You pay 20% and any charges in excess of Allowed Amount*	Copays vary by service according to Patient Charge Schedule*	Copays vary by service according to Patient Charge Schedule*
General Services				
Space Maintainers				
Major Services				
Crowns	You pay 50%	You pay 50% and any charges in excess of Allowed Amount*	Copays vary by service according to Patient Charge Schedule*	Copays vary by service according to Patient Charge Schedule*
Dentures/Bridges				
Orthodontic Services				
Orthodontia	Not Covered	Not Covered	Copays vary by service according to Patient Charge Schedule* Adult and children orthodontia No waiting period	Copays vary by service according to Patient Charge Schedule* Children only (up to 19 yrs)

* The benefit percentage applies to the schedule of maximum allowable charges. Maximum allowable charges are limitations on billed charges in the geographic area in which the expenses are incurred.

Bi-Weekly Dental Plan Rates			
Coverage Level	Dental PPO	Dental HMO	Dental EPO
Employee Only	\$12.07	\$3.88	\$9.01
Employee + Spouse	\$24.14	\$7.15	\$16.58
Employee + Child(ren)	\$24.62	\$7.18	\$16.66
Employee + Family	\$36.70	\$10.10	\$23.43